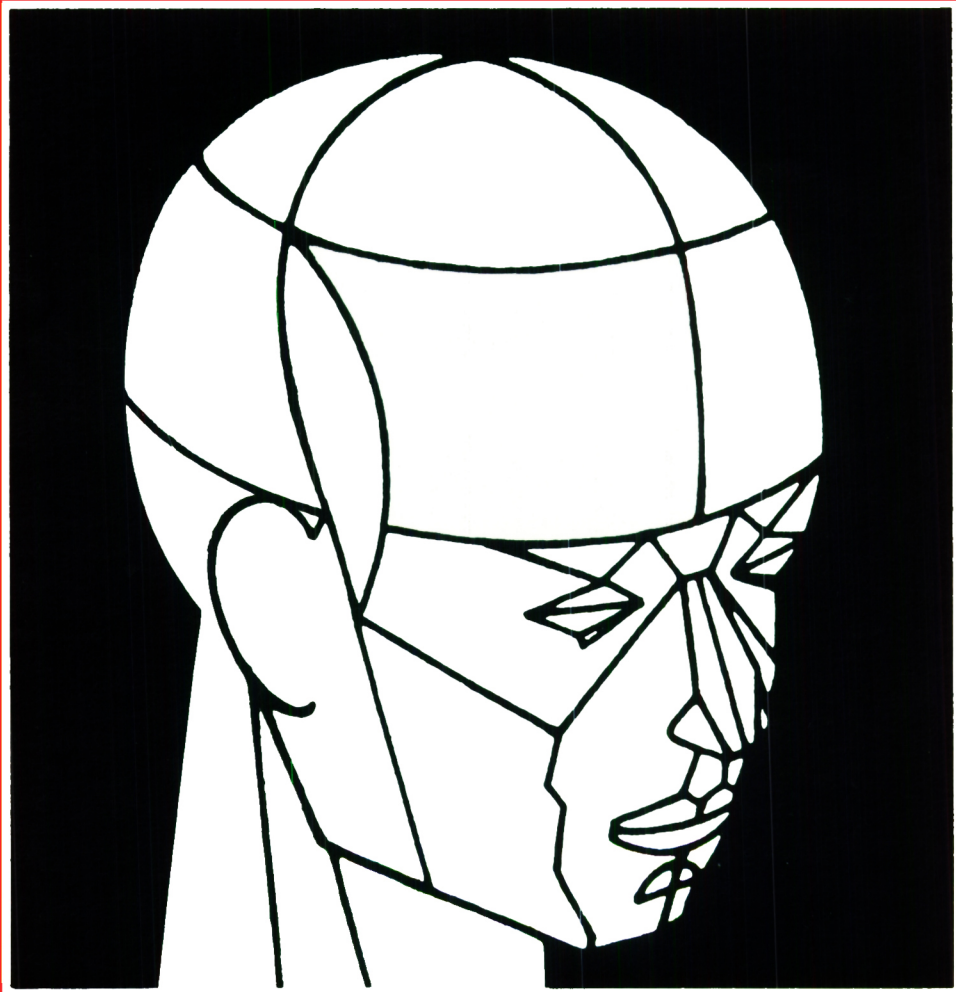


**Every leading
pharmaceutical house
has its own claim
to fame.**



Ours is headache therapy.

SANDOZ

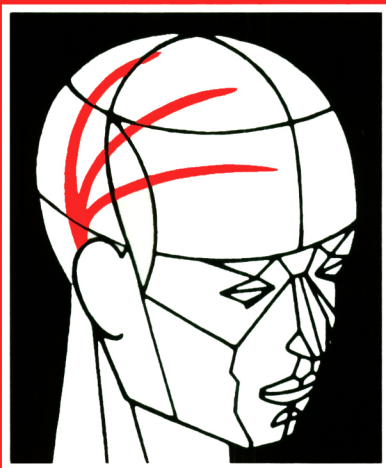
The leader in headache research and treatment.

Vascular headaches

of the migraine type

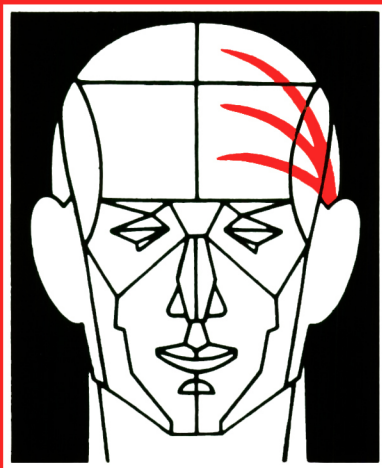
- ▣ **CAFERGOT®** tablets
- ▣ **GYNERGEN®** tablets and injections

Symptomatic treatment of classic, common, or cluster migraine.



- ▣ **SANDOMIGRAN®** tablets
- ▣ **SANSERT®** tablets

Prophylactic treatment of frequent, recurring vascular headaches.



- ◊ **CAFERGOT®-PB** tablets and suppositories

Symptomatic treatment of classic, common, or cluster migraine (accompanied by nervous tension, nausea and vomiting).



Tension headaches

(muscle contraction)

- ◊ **FIORINAL®** tablets and capsules
- Ⓝ **FIORINAL®-C 1/4** capsules
- Ⓝ **FIORINAL®-C 1/2** capsules

Symptomatic treatment of muscle contraction headache (tension headache).



Other non-vascular headaches

- ◊ **FIORINAL®** tablets and capsules
- Ⓝ **FIORINAL®-C 1/4** capsules
- Ⓝ **FIORINAL®-C 1/2** capsules

Symptomatic treatment of other non-vascular headaches (headaches associated with dysmenorrhea, sinusitis, febrile diseases, cold and grippe, overeating, hangover).



Full product information is available upon request.

Contact your Sandoz representative or write to the Medical Services Department of Sandoz (Canada) Limited for a complimentary supply of our new diagnostic aid - the patient's "HEADACHE HISTORY" or for information about our audio visuals concerning the diagnosis and treatment of headaches.

SANDOZ®

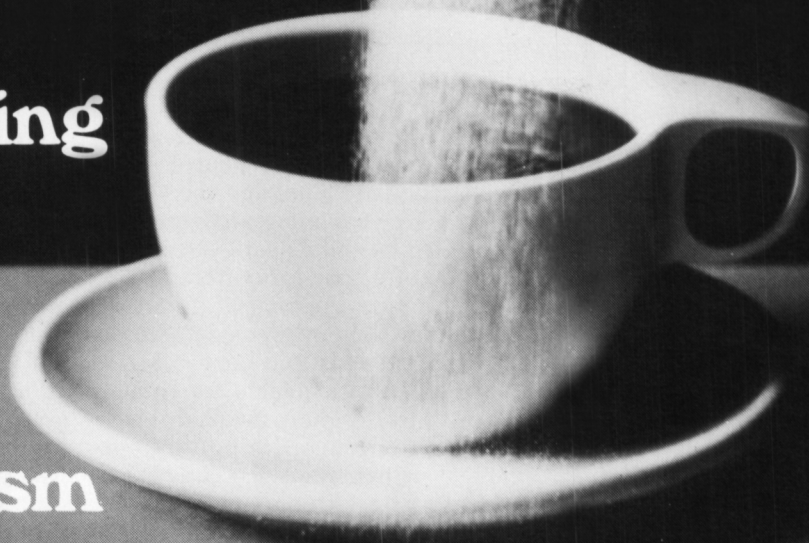
SANDOZ (CANADA) LIMITED
P.O. BOX 385, DORVAL, QUEBEC H9R 4P5

PAAB
CCPP

PMAC

**A simple
task**

**but an
embarrassing
moment
for the
patient
with
parkinsonism**



Cogentin*

(bentropine mesylate, MSD Std.)

Antiparkinsonian agent



**MERCK
SHARP
& DOHME** CANADA LIMITED
POINTE CLAIRE, QUEBEC H9R 4P7

*Trademark CGT-8-481-JA

FULL PRESCRIBING INFORMATION AVAILABLE ON REQUEST

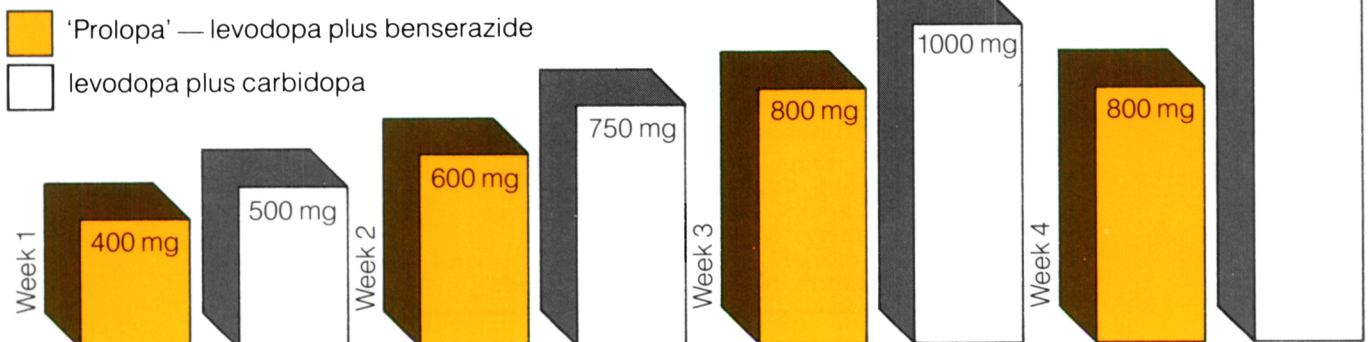
Progress for the Parkinsonian Patient

Prolopa[®]



- 1971** Roche was the first to introduce levodopa (Larodopa*), a drug which could substantially improve the life of the Parkinsonian patient.
- 1977** Continuous research and clinical trials enables Roche to introduce 'Prolopa' (levodopa plus the decarboxylase inhibitor benserazide in a 4:1 ratio). 'Prolopa' provides significant advantages for the patient and physician:
- An equal degree of improvement to that obtained with levodopa alone in the signs and symptoms of Parkinson's disease.¹
 - A marked reduction (approximately fivefold) in the daily dosage of levodopa needed to obtain a satisfactory response from patients.^{2,3}
 - A more rapid clinical response. Maximum benefit achieved in days as opposed to months with levodopa.⁴
 - Less frequent occurrences of the side effects of nausea and vomiting with 'Prolopa' than with levodopa only.⁵
 - A simpler dosage regimen.²
 - Within the range of recommended doses, less levodopa is required to reach optimal dosage for most patients than with the combination of L-dopa plus carbidopa.⁶

Levodopa daily intake based on the maximum recommended doses for a patient not receiving levodopa. (Calculated from Manufacturers' Product Monographs.)



'Prolopa': Initially, one capsule b.i.d., increasing by one capsule every three days to a maximum of eight capsules. Combination of levodopa plus carbidopa: Initially ½ tablet b.i.d., increasing by ½ tablet every three days to a maximum of five tablets. (xv)

Brief Prescribing Information

Classification

Antiparkinsonism agent

Indications

The treatment of Parkinson's syndrome with the exception of drug-induced parkinsonism.

Contraindications

Patients with a known sensitivity to levodopa or benserazide. In patients in whom sympathomimetic amines are contraindicated; in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal. Clinical or laboratory evidence of uncompensated cardiovascular, endocrine, renal, hepatic, hematologic or pulmonary disease; in narrow angle glaucoma (may be used in wide-angle glaucoma provided that the intra-ocular pressure remains under control). History of melanoma or with suspicious undiagnosed skin lesions.

Warnings

Discontinue levodopa therapy at least twelve hours before initiation of 'Prolopa' therapy. To avoid inducing central nervous system side effects (abnormal movements) dosage of 'Prolopa' 100-25 should be increased gradually. Observe patients for signs of depression with suicidal tendencies or other serious behavioural changes. Exercise caution in patients with a history of psychotic disorders or who are receiving psychotherapeutic agents such as reserpine, pheno-thiazines or tricyclic anti-depressants.

Administer with care to patients with a history of myocardial infarction or who have atrial, nodal or ventricular arrhythmias. The safety of 'Prolopa' in patients under 18 years has not been established. In women of childbearing potential who are or who may become pregnant the anticipated benefits of the drug should be weighed against the possible hazards to mother and fetus. 'Prolopa' should not be given to nursing mothers.

Precautions

Patients with a history of convulsive disorders should be treated cautiously with 'Prolopa'. Upper gastrointestinal hemorrhage may occur in patient with a history of peptic ulcer.

Patients who improve on 'Prolopa' therapy should be advised to resume normal activities gradually as rapid mobilization may increase the risk of injury. 'Prolopa' should be administered with caution to patients on antihypertensive medication.

Adverse Reactions

Abnormal involuntary movements are the most common adverse reactions with 'Prolopa'. These are usually dose-dependent and may disappear or become tolerable after dose reduction. Periodic oscillations in performance, end-of-dose akinesia, on-off phenomenon and akinesia paradoxa constitute the most serious problems encountered after prolonged 'Prolopa' therapy.

Side effects such as nausea and vomiting, which are frequently observed during the initial stages of levodopa therapy, are much less common in patients treated with 'Prolopa'. Cardiovascular disturbances such as arrhythmias and orthostatic hypotension are less frequent than in patients treated with levodopa alone. Psychiatric disturbances including mild elation, depression, anxiety, agitation, aggression, hallucinations and delusions are also encountered.

Dosage

Recommended initial dose is one capsule of 'Prolopa' 100-25 once or twice a day. This dose may be carefully increased by one capsule every third or fourth day until an optimal therapeutic effect is obtained without dyskinesias. Near the upper limits of dosage, the increments should be made slowly, at 2-4 week intervals.

Optimal dosage for most patients is 4-8 capsules of 'Prolopa' 100-25 daily (400-800 mg levodopa), divided into 4-6 doses. Most patients require no more than 6 capsules of 'Prolopa' 100-25 (600 mg levodopa), per day.

'Prolopa' 200-50 capsules are intended only for maintenance therapy once the optimal dosage has been determined using 'Prolopa' 100-25 capsules. **No patient should receive more than 5-6 capsules of 'Prolopa' 200-50 daily (1000-1250 mg levodopa in combined therapy), during the first year of treatment.**

Supply

'Prolopa' 100-25 capsules containing 100 mg levodopa and 25 mg benserazide and 'Prolopa' 200-50 capsules containing 200 mg levodopa and 50 mg benserazide, in bottles of 100.

References

1. Fazio, C. et al.: Treatment of Parkinson's Disease with L-dopa and Association L-dopa plus a DOPA Decarboxylase Inhibitor. *Z. Neuro.*, 202:347. (1972).
2. Barbeau, A.: Treatment of Parkinson's Disease with L-dopa and Ro 4-4602: Review and Present Status. *Advance in Neurology*, Ed.: D.B. Clane, Raven Press, New York, 2:173. (1973).
3. Rinne, U.K. et al.: Treatment of Parkinson's Disease with L-dopa and Decarboxylase Inhibitor. *Neuro.*, 202:1. (1972).
4. Schneider, E. et al.: Wirkungsvergleich von L-dopa und der Kombination L-dopa Decarboxylasehemmer beim Parkinson-Syndrom. *Arch. Psychiat. Nervenkr.*, 217:95. (1973).
5. Steinhausl, H.: Erfahrungsbericht über die Behandlung des Parkinson-Syndroms mit dem Kombinationspräparat L-dopa Dekarboxylasehemmer (Ro-8-0576). *Wien. med. Wschr.*, 123:433. (1973).
6. Manufacturers' Product Monographs.

Prolopa[®]

a choice after comparisons

Product monograph available upon request

*Registered Trade Mark for levodopa plus benserazide

*Registered Trade Mark for levodopa



Hoffmann-La Roche Limited
Vaudreuil, Québec



(xvi)

Results of a Recent Post-Myocardial

ANTURAN REDUCED

(sulfipyrazone)

ANNUAL CARDIAC

DEATH RATE

BY 48.5%

COMPARED WITH PLACEBO.

The Trial

A prospective, randomized, double-blind, multi-center study analyzing 1,475 patients, comparing the effect of Anturan 200 mg q.i.d. and placebo in the prevention of cardiac mortality in patients with recent myocardial infarction.

Twenty-one U.S. and five Canadian hospitals participated in the trial.

The co-ordinators consisted of representatives of the medical, epidemiological and biostatistical communities of Canada and the U.S.

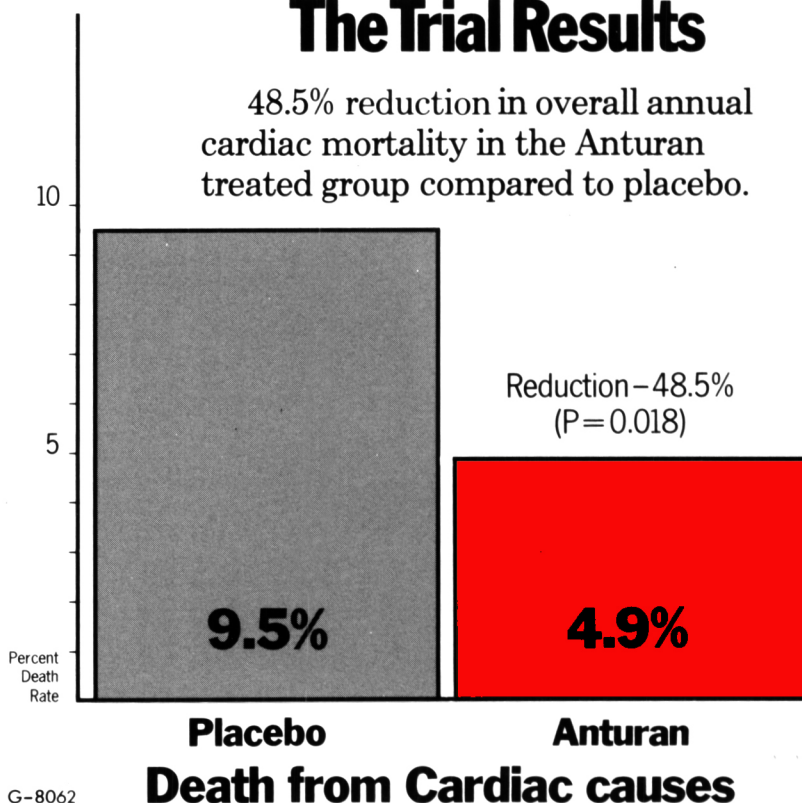
REFERENCE:

1. Sulfipyrazone in the Prevention of Cardiac Death after Myocardial Infarction. The Anturan Reinfarction Trial. The Anturan Reinfarction Trial Research Group. In: New England Journal of Medicine, Vol. 298, No. 6, Feb. 9, 1978.

For brief prescribing information, see page 00.

The Trial Results

48.5% reduction in overall annual cardiac mortality in the Anturan treated group compared to placebo.



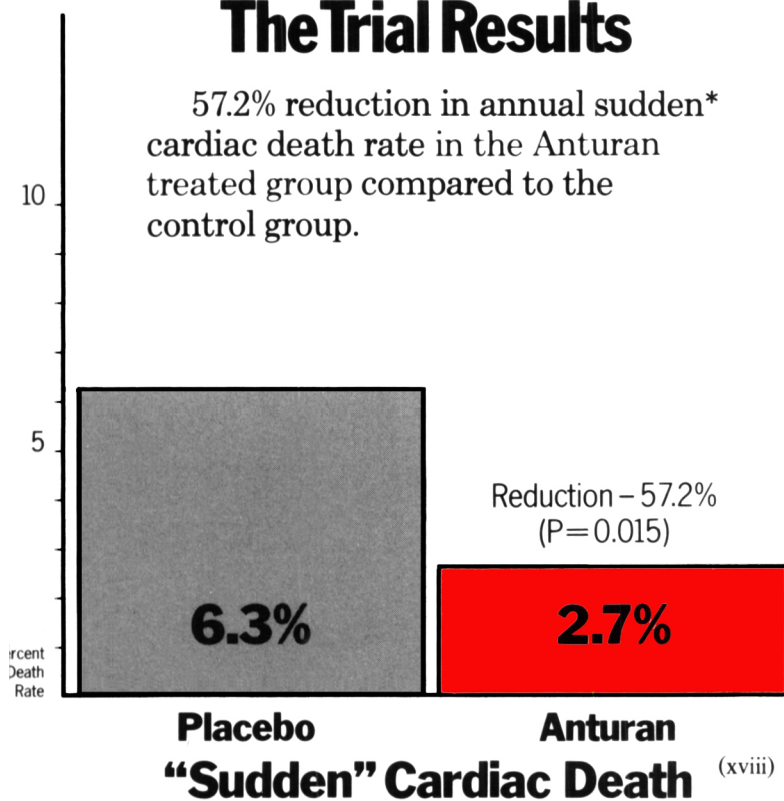
G-8062

Infarction Trial:¹

ANNUAL SUDDEN CARDIAC DEATH RATE BY 57.2% COMPARED WITH PLACEBO.

The Trial Results

57.2% reduction in annual sudden* cardiac death rate in the Anturan treated group compared to the control group.



“The data reflect excellent randomization, compliance with therapy and tolerance of the drug.”¹

Conclusion

“There are approximately 900 deaths per week in the United States among patients who have recently recovered from an acute myocardial infarction. If the benefit of sulfinpyrazone therapy can be shown to be sustained in the later periods of this trial, conservative interpretation of the overall results to date suggest the feasibility of reducing cardiac deaths during the first year after myocardial infarction by 200 to 300 per week.”¹

*Sudden death - within 60 minutes of onset of symptoms.

It's a matter of life.

ANTURAN[®]
200mg four times
a day

Geigy

Dorval, Que. H9S 1B1

ANTURAN[®]

200 mg four times a day

INDICATIONS:

- 1 Clinical states in which abnormal platelet behavior is a causative or associated factor, as demonstrated by:
 - thromboembolism associated with vascular and cardiac prostheses
 - recurrent venous thrombosis
 - arteriovenous shunt thrombosis
- 2 Chronic phases of gout, both the intercritical or silent stage and the gouty arthritis stage.

DOSAGE AND ADMINISTRATION:

Thromboembolic conditions: – Usual daily dosage is 600–800 mg in divided doses. It is recommended not to exceed 1000 mg (20 mg/kg for a 50 kg man) daily.

Gout: – Usual daily dosage is 200–400 mg in divided doses. This average dosage may be increased to 800 mg if necessary, or reduced to 200 mg when urate blood level has been satisfactorily controlled. Minimum effective dose should be maintained indefinitely without interruption even during acute attacks, which should be treated concomitantly with either Butazolidin or colchicine.

The change from other uricosuric agents to Anturan should be made at full dosage.

It is important to distribute the total dose as well as possible over a 24-hour period. It is recommended that Anturan be taken with meals.

CONTRAINDICATIONS:

The safe use of sulfinpyrazone in pregnancy has not been established. It should not be used during pregnancy unless in the opinion of the treating physician the expected benefits outweigh the potential risks.

Active peptic ulcer.

Known hypersensitivity to sulfinpyrazone and other pyrazolone derivatives. Severe hepatic or renal disease, unless due to platelet aggregates.

WARNINGS:

Avoid salicylate therapy, unless administered under careful supervision:

(i) Salicylates and citrates antagonize the uricosuric action of sulfinpyrazone and may therefore interfere with uric acid excretion.

(ii) Salicylates may cause unpredictable and at times, serious prolongation of the bleeding time and in combination with sulfinpyrazone may cause bleeding episodes. If during Anturan therapy, aspirin or another chemically-related drug must be used, patients should be urged to report immediately any undue bleeding episode.

It should be administered with care to patients with a history of healed peptic ulcer.

PRECAUTIONS:

As with all pyrazole compounds, patients receiving Anturan should be kept under close medical supervision and periodic blood counts are recommended.

Recent reports have indicated that Anturan potentiates the action of sulfonamides, e.g., sulfadiazine, sulfisoxazole. Other pyrazole compounds e.g., phenylbutazone, potentiate the hypoglycemic effects of sulfonylureas. There have also been reports that phenylbutazone enhances the effects of insulin in diabetics. Therefore, it is recommended that Anturan be used with caution in conjunction with insulin, sulfonamides, the sulfonylurea hypoglycemic agents and, in general, with agents known to displace, or to be displaced by, other substances, such as penicillin, from serum albumin binding sites.

Because Anturan is a potent uricosuric agent, it may precipitate urolithiasis and renal colic, especially in the initial stages of therapy, in hyperuricemic patients. For this reason, an adequate fluid intake and alkalization of the urine are recommended. In cases with significant renal impairment, periodic assessment of renal function is indicated.

Since Anturan modifies platelet behavior and, therefore, interferes with one of the components of the blood-clotting system, it should be used with care in conjunction with certain vitamin K antagonists which inhibit clotting through a different mechanism. Regular estimations of bleeding time should be performed.

ADVERSE REACTIONS:

The most frequently reported adverse reactions to Anturan have been gastric complaints or disturbances. Anturan may aggravate or reactivate peptic ulcer. Gastrointestinal bleeding has been reported.

Skin rashes have been reported in rare instances. When they occur, Anturan should be withdrawn.

Anemia, leukopenia, agranulocytosis, thrombocytopenia have rarely been associated with the administration of Anturan.

DOSAGE FORMS:

Anturan 100 mg: Each white, single scored tablet, imprinted Geigy and bearing the identification code FK, contains 100 mg sulfinpyrazone Geigy standard. Supplied in bottles of 100 and 1,000.

Anturan 200 mg: Each white, sugar-coated tablet, imprinted Geigy, contains 200 mg sulfinpyrazone Geigy standard. Supplied in bottles of 100 and 500. Product monograph supplied on request.

Geigy

Dorval, Qué. H9S 1B1

Capsules 100 mg (amantadine HCl)

for the management of Parkinson's syndrome

 **Chemically distinct**

(Not related to levodopa or anticholinergic antiparkinson drugs.)

 **Fast onset of action**

(Usually effective within 1 week in contrast to the slower response from levodopa.)



Effective with levodopa

(Either initiated concurrently or added to levodopa. Additional benefit may result — such as smoothing out of fluctuations in performance which sometimes occur when levodopa is administered alone. When the levodopa dose must be reduced because of side effects, the addition of Symmetrel may result in better control of Parkinson's syndrome than is possible with levodopa alone.)



Effective with other anticholinergic antiparkinson drugs

(When these drugs, e.g. benzotropine mesylate, provide only marginal benefits, Symmetrel used concomitantly may provide the same degree of control of Parkinson's syndrome, often with a lower dose of anticholinergic medication, and a possible reduction in anticholinergic side effects.)



Effective alone

(Lessening of Parkinsonian symptomatology usually evident within one week in responsive patients.)

CONTRAINDICATIONS "Symmetrel" is contraindicated in patients with known hypersensitivity to the drug.

WARNINGS Patients with a history of epilepsy or other "seizures" should be observed closely for possible untoward central nervous system effects.

Patients with a history of congestive heart failure or peripheral edema should be followed closely as there are patients who developed congestive heart failure while receiving "Symmetrel" (amantadine HCl).

Safety of use in pregnancy has not been established. Therefore, "Symmetrel" should not be used in women with childbearing potential, unless in the opinion of the physician, the expected benefit to the patient outweighs the possible risks to the fetus (see Toxicology-Effects on Reproduction).

Since the drug is secreted in the milk, "Symmetrel" should not be administered to nursing mothers.

PRECAUTIONS The dose of "Symmetrel" may need careful adjustment in patients with renal impairment, congestive heart failure, peripheral edema, or orthostatic hypotension. Since "Symmetrel" is not metabolized and is mainly excreted in the urine, it may accumulate when renal function is inadequate.

Care should be exercised when administering "Symmetrel" to patients with liver disease, a history of recurrent eczematoid rash, or to patients with psychosis or severe psychoneurosis not controlled by chemotherapeutic agents. Careful observation is required when "Symmetrel" is administered concurrently with central nervous system stimulants.

Patients with Parkinson's syndrome improving on "Symmetrel" should resume normal activities gradually and cautiously, consistent with other medical considerations, such as the presence of osteoporosis or phlebotrombosis.

Patients receiving "Symmetrel" (amantadine HCl) who note central nervous system effects of blurring of vision should be cautioned against driving or working in situations where alertness is important.

"Symmetrel" (amantadine HCl) should not be discontinued abruptly since a few patients with Parkinson's syndrome experienced a Parkinsonian crisis, i.e., sudden marked clinical deterioration, when this medication was suddenly stopped.

The dose of anticholinergic drugs or of "Symmetrel" should be reduced if atropine-like effects appear when these drugs are used concurrently.

ADVERSE REACTIONS Adverse reactions reported below have occurred in patients while receiving "Symmetrel" (amantadine HCl) alone or in combination

with anticholinergic antiparkinson drugs and/or levodopa.

The more important adverse reactions are orthostatic hypotensive episodes, congestive heart failure, depression, psychosis and urinary retention, and rarely confusion, reversible leukopenia and neutropenia, and abnormal liver function test results.

Other adverse reactions of less importance which have been observed are: anorexia, anxiety, ataxia, confusion, hallucinations, constipation, dizziness (lightheadedness), dry mouth, headache, insomnia, livedo reticularis, nausea, peripheral edema, drowsiness, dyspnea, fatigue, hyperkinesia, irritability, nightmares, rash, slurred speech, visual disturbance, vomiting and weakness, and very rarely eczematoid dermatitis and oculogyric episodes.

Some side effects were transient and disappeared even with continued administration of the drug.

DOSAGE AND ADMINISTRATION The initial dose of "Symmetrel" is 100 mg daily for patients with serious associated medical illnesses or who are receiving high doses of other antiparkinson drugs. After one to several weeks at 100 mg once daily, the dose may be increased to 100 mg twice daily. When "Symmetrel" and levodopa are initiated concurrently, "Symmetrel" should be held constant at 100 mg daily or twice daily while the daily dose of levodopa is gradually increased to optimal dose. When used alone, the usual dose of "Symmetrel" is 100 mg twice a day.

Patients whose responses are not optimal with "Symmetrel" (amantadine HCl) at 200 mg daily may benefit from an increase to 300 mg daily in divided doses. Patients who experience a fall-off of effectiveness may regain benefit by increasing the dose to 300 mg daily; such patients should be supervised closely by their physicians.

DOSAGE FORMS CAPSULES (bottles of 100) each red, soft gelatin capsule contains 100 mg of amantadine HCl.

Product monograph, with complete references, available upon request.

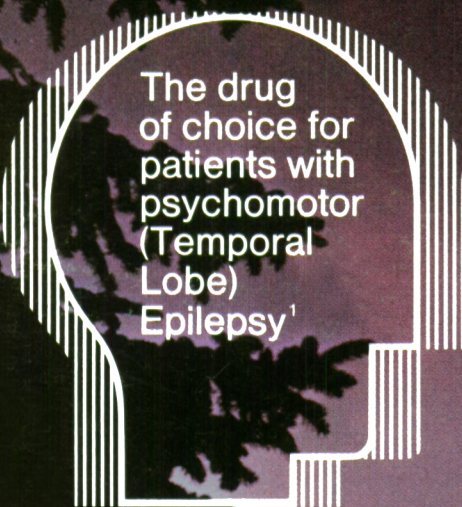


Subsidiary of E. I. du Pont de Nemours & Co. (Inc.)


In epilepsy*

Tegretol[®]

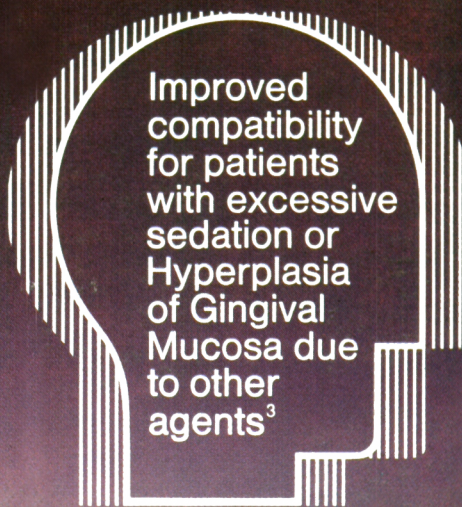
provides control of seizures
and alleviation of personality
disorders.



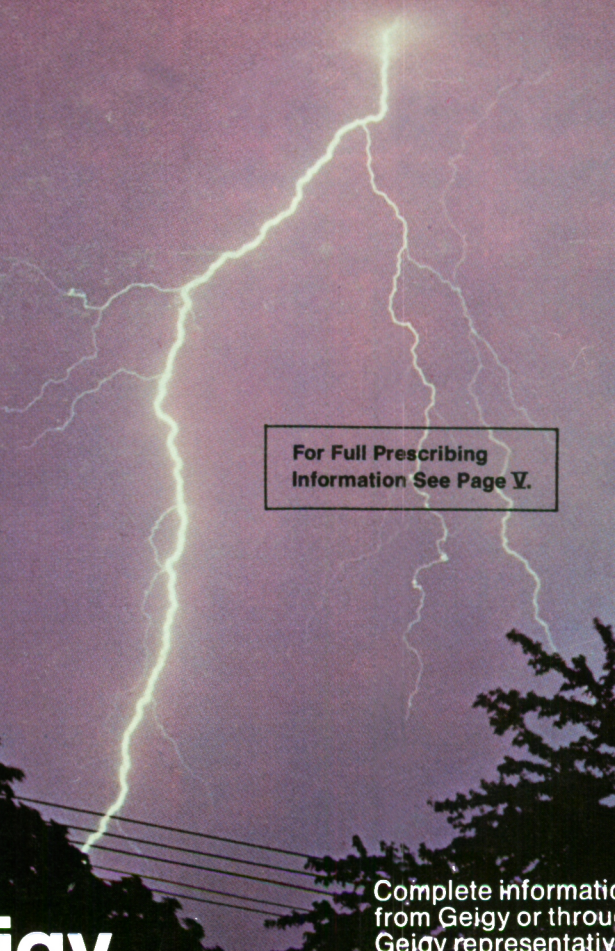
The drug
of choice for
patients with
psychomotor
(Temporal
Lobe)
Epilepsy¹



Reliable
control for
patients who
are refractory
to treatment
with other
anticonvul-
sants²



Improved
compatibility
for patients
with excessive
sedation or
Hyperplasia
of Gingival
Mucosa due
to other
agents³



For Full Prescribing
Information See Page V.

Geigy

Dorval, P.Q. H9S 1B1

Complete information available
from Geigy or through your
Geigy representative

* See indications, brief prescribing
information